FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

1.	Name of the Police Station	:-	Achara Police Station
2.	CR. NO./TAR No./ SDE No.	:-	CR No.32/2024 BNS 106(1), 281, 125(B), MV Act 184, 134/177
3.	Date, Time and place of the accident.	:-	Date-12/09/2024 Time- 20.00 Place- Rathivade Tal- Malvan
4.	Name of the Injured /Deceased	:-	chandrashekhar aappa dhuri age-40 years. At post Rathivade Madhaliwadi. Tal- Malvan
5.	Name of Hospital to which he /she was removed.	:-	Sub district hospital kankavali
6.	Number of vehicles and type of the vehicle.	:-	Number of vehicles -01 vehicle - Unknown
7.	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	:-	vehicle - Unknown
8.	Name and address of the Owner of the vehicle as it stands on the date of the accident.	:-	vehicle - Unknown
9.	Name and address of the Insurance Company with whom the vehicle was insured and the Divisional Office of the said Insurance Company.	:-	---
10.	Number of Insurance Policy /Insurance Certificate and the Date of Validity of the insurance Policy/Insurance Certificate.	:-	--
11.	Action taken, if any, and the result thereof.	:-	The A faynal Samari sent to Court Malvan

Inspector of Police,

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FORM COMP AA

[See Rules 253 ©, 254 (c) (iii) , 254 (80 255 (1) (iv)]

REPORT ABOUT THE MOTAR VEHICLES ACCIDENTS

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Inspector of Police,
Achara Police Station.

N.B – This form should accompany with all the

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